

MDR Tracking Number: M5-04-0172-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on September 12, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity for therapeutic exercises, joint mobilization, and group therapeutic procedures. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The respondent raised no other reasons for denying reimbursement of therapeutic exercises, joint mobilization, and group therapeutic procedures.

This Findings and Decision is hereby issued this 4th day of December 2003.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
GR/gr

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 09-16-02 through 01-17-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 4th day of December 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/gr

December 3, 2003

**NOTICE OF INDEPENDENT REVIEW DECISION
Corrected Letter**

RE: MDR Tracking #: M5-04-0172-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in physical medicine and rehabilitation. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a female who sustained a work related injury on ___. The patient reported that while at work a window fell causing injury to her right hand and fingers. The patient was evaluated in the emergency room at a nearby hospital where she was diagnosed with a laceration to the right hand. The patient underwent irrigation and debridement of the wound and repair of the extensor tendons to the long and ring fingers. Postoperatively the patient was treated with physical therapy.

Requested Services

Therapeutic exercises from 9/16/02 through 10/17/02 and therapeutic exercises, joint mobilization and group therapeutic procedures from 10/21/02 through 1/17/03.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a female who sustained a work related injury to her right hand and fingers on ___. The ___ physician reviewer indicated that the patient sustained a transaction of extensor tendons to the right fingers along with soft tissue loss. The ___ physician reviewer noted that the patient required surgery to repair the tendons of the right ring finger and long finger and debridement of the wound.

The ____ physician reviewer also noted that the patient began therapy postoperatively to decrease pain, increase range of motion, increase strength and functional ability in the right hand. The ____ physician reviewer further noted that this therapy consisted of moist heat, paraffin bath, manual stretching, range of motion, strengthening exercises with constant skilled supervision. The ____ physician reviewer explained that by 10/31/02 the patient had made significant gains in range of motion in middle, ring and little finger movements. However, the ____ physician reviewer indicated that the patient still was not able to use right hand functionally (she was not able to hold a cup). The ____ physician reviewer explained that a re-evaluation on 12/9/02 indicated that the patient demonstrated further improvement, however was still unable to hold a cup. The ____ physician reviewer indicated that by 1/13/03 the patient was showing steady, significant gains in range of motion in middle, ring and little fingers. The ____ physician reviewer explained that although the patient was progressing slowly, she still required direct supervision and direction of a skilled therapist for continued improvement with range of motion, strength and function in her hand. Therefore, the ____ physician consultant concluded that the therapeutic exercises from 9/16/02 through 10/17/02 and therapeutic exercises, joint mobilization and group therapeutic procedures from 10/21/02 through 1/17/03 were medically necessary to treat this patient's condition.

Sincerely,